



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
CERTIFICATE OF INSURANCE FOR CLOSURE

NOTE: A CERTIFICATE OF INSURANCE AS SPECIFIED IN 10 CSR 80-8.050(7)(C)2.E.

Name and address of Insurer (Herein called the "Insurer")

Name and address of Insured (Herein called the "Insured")

SCRAP TIRE PROCESSOR FACILITY COVERED

Name	Scrap Tire Processor Permit No.	
Address	Amount of Insurance for Closure	
Face Amount	Policy Number	Effective Date

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for closure for the scrap tire processing facility identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of 10 CSR 80-8.050(7)(C)2.E. of the Missouri Solid Waste Management Rules as applicable and as such rules were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such rules is hereby amended to eliminate such inconsistency.

Whenever requested by the Director of the Department of Natural Resources or his/her designated representative, the Insurer agrees to furnish to the Director of the Department of Natural Resources or his/her designated representative a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the Insurer is admitted, authorized or eligible to conduct insurance business in the state of Missouri.

Authorized signature for Insurer

Name of person signing (Print or type)

Title of person signing (Print or type)

Signature of witness or notary

Date